## OIPE

PATENT APPLICATION

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

MAR 2 3 2001

ATTORNEY DOCKET NO. 10003506

FOR PATENT APPLICATI	ON	<i>f</i>	2					
As a below named inven	tor. I he	ereby declare th	at vo.	WAY CO				
My residence/post office	addres	s and citizenshi	in are as	stated belo	w next	to my nan	ne:	
I believe I am the original	addioc	o and one	P 4					firet and
I believe I am the origina	ai, iirsi	and sole invent	of the er	biest mette	e is iisi	ieu below)	or arr originar,	nist and
joint inventor (if plural na			oi the st	ibject matte	WHICH	is claimed	and for writer	a paterit
is sought on the inventio								
WEB ENABLED MEDIC	AL DE	ICE TRAINING	<u>i</u>		<del></del>	<del>, ;</del>	<del> </del>	
the specification of which							•	
, (x) was filed on <u>Dec</u> Number 09/739,357							rnational Appli ble).	cation
I hereby state that I ha	- ave rev	riewed and und	lerstood	the conter	nts of t	the above-	identified spe	cification,
including the claims, as	amen	ded by any am	endmer	it(s) referred	d to at	ove. I ac	knowledge the	e duty to
disclose all information v	vhich is	material to nate	entability	as defined	in 37 (	CFR 1.56.	<b>J</b>	•
disclose all illiointation v	***********	material to patt	J. 140 D					
Foreign Application(s) and/e	or Claim	of Foreign Priority	y					
I hereby claim foreign priority				es Code Section	on 119 e	of any foreign	n application(s) fo	or patent or
inventor(s) certificate listed be	low and	have also identified	below an	y foreign appli	cation fo	or patent or in	ventor(s) certifica	te having a
filing date before that of the ag	oplication	on which priority is	claimed:			_		
COUNTRY	APPL	ICATION NUMBER		DATE FILED		PRIORITY (	CLAIMED UNDER 35 U	.S.C. 119
						`	YES: NO:	
							YES: NO:	
Provisional Application								
I hereby claim the benefit und below:	er Title 3	5, United States Co	ode Sectio	on 119(e) of an	y United	States provi	sional application	(s) listed
APPLICATION SERIAL			NUMBER FI		ING DATE			
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U.S. Deigeity Claim				L				
U.S. Priority Claim	J T'AL	OF Haltad Otaton	C-d- C-	ation 100 of o	m. I Inite	ad Staton and	nlication(s) listed	bolow and
I hereby claim the benefit un insofar as the subject matter	of each	of the claims of this	coue, se e annlicat	ion is not discl	ing Onice Insed in	the prior Uni	ited States applic	ation in the
manner provided by the first	paragrar	oh of Title 35. Unite	ed States	Code Section	112. I a	cknowledge	the duty to disclo	se material
information as defined in Title	37, Cod	e of Federal Regula	ations, Se	ction 1.561a) v	which oc	curred betwe	en the filing date	of the prior
application and the national of	r PCT int	ernational filing dat	e of this a	pplication:		<u></u> .		
APPLICATION SERIAL NUMBER		FILING DATE		STATUS (patented/pe			inding/abandoned)	
-								
POWER OF ATTORNEY:								
As a named inventor, I here	by anno	int the following a	ttornev(s)	and/or agent/	(s) to pr	osecute this	application and	transact all
business in the Patent and Tra	ademark	Office connected the	herewith:	and/or agoni		Customer	]	
business in the ratent and re-			101011111			er Bar Code	'	
Customer Number	022878	22878			Label here			<del></del>
Send Correspondence to: AGILENT TECHNOLOGIES Legal Department, 51U-PD Intellectual Property Administratio P.O. Box 58043 Santa Clara, California 95052-8043				Direct To	elephone	Calls To:		
I hereby declare that all state		made herein of my	own kno	wledge are tr	ue and	that all state	ments made on i	nformation
and belief are believed to	be true:	and further that	these st	atements wer	re made	e with the k	nowledge that v	villful false
statements and the like so	made a	re punishable by	fine or in	nprisonment, o	or both,	under Secti	ion 1001 of Title	18 of the
United States Code and tha	t such w	illful false stateme	nts may	jeopardize the	e validity	of the appli	cation or any pa	tent issued
thereon.								
				CW	LIC			
Full Name of Inventor: Craig S. Ama	n			Citizenship:	US			

Rev 10/00 (DecPwr)

Residence:

Post Office Address:

Inventor's Signature

(Use Page Two For Additional Inventor(s) Signatures

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